The theme of our rounds today is compassionate leadership. You may ask, "Why compassionate leadership?" We now have randomized clinical trials that document the benefits of compassion training for individuals, but we struggle to develop and sustain compassionate organizations. As you'll hear today, leadership is crucial for compassionate organizations.

In my conversations with global health leaders over the last several years, they've described three challenges to compassion in their work. The first is compassion at a distance. In global health, we often work at great distances from the people whose health we are working to improve. We see the numbers and the populations rather than the individuals and faces.

Second, there is a barrier of what I call "compulsion to save the world" and an over-identification with work. There is a preoccupation with metrics, measures, and outcomes to the neglect of relationships, process, and compassion.

And third there's a "conspiracy of silence." So many people in global health are motivated by a sense of compassion. But for some reason we don't feel comfortable sharing this with each other, so the power of this collective energy of shared motivation is hidden. One objective of these global health compassion rounds, is to break this "conspiracy of silence."

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The Case for Compassionate Leadership in Driving Quality of Care

Shams Syed, Unit Head, Quality of Care, World Health Organization

I am delighted that we're exploring the role and value of compassionate leadership in global health settings and how it can drive quality of care. It's an urgent exploration, given the huge challenges that face healthcare today in tackling the COVID-19 pandemic, as well as in tackling a diverse set of urgent issues that face health systems and societies across the world.

Leadership counts, and it counts at all levels. We know that compassion in its truest form can catalyze unimaginable leadership behaviors—behaviors that ultimately save and affect lives. We have seen this throughout human history.
Coming to quality of care, WHO Director General Tedros Ghebreyesus highlighted back in 2018 a few words that remain poignant to this day. He told us, “Quality is not a given. It takes vision, planning, investment, compassion, meticulous execution, and rigorous monitoring, from the national level to the smallest, remotest clinic.” All of that happens through leadership.

Three points to emphasize. First, the compassion equation (empathy + action) can influence leaders at all levels to drive quality health care. What are those levels? I’m talking about leading at the point of care, leading teams that deliver that care (clinical and non-clinical team members), leading the organization of quality care for local populations, leading national strategic direction on quality of care, and leading cross-country endeavors to drive quality of care improvements across the world.

Second, all domains of quality health services—effectiveness, safety, people-centeredness, timeliness, equity, efficiency and integration—are affected and linked to this compassion equation. Leadership counts for each of the domains and the culture of quality in a health setting—the glue that holds things together in any health care environment.

Lastly, let’s take inspiration from the leader of all leaders on quality—the late Avedis Donabedian, a physician and founder of the study of quality in health care, most famously as a creator of The Donabedian Model of care. His personal philosophy is perhaps best summed up in his statement: “Systems awareness and systems design are important for health professionals, but are not enough. They are enabling mechanisms only. It is the ethical dimension of individuals that is essential to a system’s success. Ultimately, the secret of quality is love.”

Monica Worline: I’m going to speak briefly about how we might see compassion through the lens of social science and why seeing it that way is so important for this conversation. When I speak to leaders about things that I know they care about, I talk about five reasons that compassion belongs on any leader’s strategic agenda.

Of course you all are in a deep conversation about quality of care, and there’s plenty of evidence to show that when people feel that they work in a compassionate environment, service and care quality goes up. But as a leader, you’re also working toward innovation and bringing people together to share ideas safely so that you can create the next phase of growth in your world. You’re bringing together people across multiple domains of expertise to try to help facilitate that growth and conversation and change in the field, and that cannot happen without compassion.

You have multitudes of people looking to you for how to engage and go forward, looking to you for care and advice about how to take the work into the world. And they cannot engage highly and well without feeling that they work in a compassionate environment.
And you have to keep those people who are so essential to the work and we can't keep people in demanding work environments, unless we treat them with care. So whatever part of your strategic agenda is most important to you now, please understand there is a lot of evidence across the disciplines of social sciences to argue that these five things really change when you lead with compassion.

I hope you can hear how passionate I am about teaching this all around the world, because the quality of people's lives depends on whether they work in this kind of caring environment. As David said, we are really dedicated to our work—maybe over-dedicated to our work to our detriment, at times—but it is a life or death conversation for people to talk about the quality of their work environment.

When I'm talking about compassion, from my perspective as an organizational scholar, I'm looking at it as a social process that involves many people. It also involves something that is unfolding over time. This is depicted as the process diagram I am showing to help you see that this is a quite complex process in your organization that needs to be managed, led, understood, just as any other process would.

![Diagram of compassion process](image)

A model of compassion as a social process

Everywhere that you see an arrow in this diagram, the process can break. This is why we are so often moved individually to feel concern for other people, but our institutions and organizations don't respond the way we wish they would.

I'm going to go very rapidly through each of the parts of this diagram. I've spent 25 years understanding this diagram, so obviously this is going to be a very quick tour. First, I wanted to anchor in on compassion as different from kindness or other kinds of positive emotions, because compassion always unfolds in relationship to pain. There are common forms of pain that arise in our organizations all the time. And as pain surfaces in our organizations, the most important thing we can do, and the next step in defining compassion, is that we have to notice that it's there. A poet that I love, J.D. McClatchy, says, "Love is the quality of attention we pay to things." How we give attention to the pain and suffering in our organizations will determine whether compassion can unfold or not.

Most times in complex organizations, compassion stops simply because we don't even notice it's there—we stopped paying attention. Once we notice that it's there, we must interpret suffering and pain and work as worthy of our attention and worthy of our concern and action. We're storytelling creatures, so if you're not telling yourself the story as a leader, that suffering and pain is part of what you must pay attention to, then you won't be open and ready to interpret suffering as something you must act upon. So we notice, we interpret, and then we feel something in relation to this pain and suffering around us.

The feeling that's most helpful to cultivate as a leader is concern for the well-being of others. When we can feel empathic concern for others, it moves us to act almost automatically. The science is showing us more and more that that move to action is rapid, and the action can be small and targeted, or it can be grand and elaborate.

We can become far more skillful at acting with compassion. And that means that we can learn to be better, more skillful leaders who unlock this compassion process in our organizations.
Evan Harrel: I would like to start by asking a rhetorical question: In the field of global health, where the entire purpose is to relieve suffering and seek to remove the causes of suffering, how is it that so many people in the field suffer themselves with big challenges, such as burnout?

To explore this question, let me start with a partial definition of compassionate leadership. Compassionate leadership has two parts. The first is treating those you lead with compassion in all circumstances, how we act with each other on a day-to-day basis. The second element of compassionate leadership is creating a culture of compassion that supports the flourishing of everyone. This is the organizational compassion that is created by its leaders.

To better understand compassionate leadership, we've been asking our recent cohorts of global health leaders what is challenging them to lead more compassionately in both of these two dimensions. In the personal dimension of compassion, the challenges that surfaced in our surveys about becoming a more compassionate leader are:

1) A lack of boundaries;
2) Perfectionism. As Monica said, quite frankly, it's ironic and tragic that our desire to help is so strong that it actually holds us back and makes it more difficult to act compassionately;
3) A lack of self-compassion. You can't give what you don't have. We need to focus on self-compassion in order to be able to lead others compassionately.
4) A lack of knowledge about how to lead compassionately. As Monica's slides showed, there are a number of inhibitors and a number of promoters of compassion—these are teachable leadership skills.

On the organizational dimension of compassion, the external challenges to becoming a more compassionate leader are:

1) Over 70% of the survey participants said overwork and excessive demands on one’s time. This is a cultural element that we have the power to change if we choose! We need an intentional effort on the part of leaders to focus on not having excessive demands on time.
2) The legacy of colonialism and systemic racism. While I said that we had the choice to address the first one, I don't think that this is a choice. I think we would all agree this is something that must be addressed everywhere.
3) Compassion at a distance (which David spoke of earlier).
4) A lack of emotional support in the workplace.

These are all issues that can be addressed through easily teachable skills.

- It is tragic that our desire to help in global health is so strong it actually makes it more difficult to act compassionately.

Laura Berland: I think the message has filtered out even in the short period of time that we've been together today. Leading with compassion starts from the inside out. We have a simple framework to help train and enable leaders to practice this, as well as to develop cultures of compassion.

Leading from the inside out:
- Inner work of compassion
- Compassion in relationship
- Compassion for the greater good

If you look at this image, the inner work at the center is what is necessary to be able to show up as a leader, to be able to be your own container for your own emotions, and to model and embody compassion for those in your sphere of influence. The middle ring is about compassion and relationships, personal relationships, work relationships, and communities. This is the work of organizational compassion and how we ripple our own compassion outward to include all of those we interact with and we're in relationship with.
Lastly, the outer ring is about compassion and the greater good. All of us here today are focused in the same direction; we're out there already doing the work of the greater good and giving our hearts to the work that needs to be done in the world. This is really about locking arms, so that we can support each other. We cannot do this alone; if we want to give compassion to ourselves and bring compassion out in the world for all, it's not a solo endeavor.

We really must build communities of support organizations that become cultures of compassion, compassion that supports people's inner compassion and compassion that supports the outward flow of compassion everywhere. The organization has influence in the world.

Lastly, I would just like to say, this is about building cultures of safety, of connection, and of belonging. We do this so we can trust each other, so that we respect each other, and so that we have a sense of quality and equity for all the people that we touch.

Shams Syed: Thank you Laura, thank you Evan, and thank you, Monica. I'd like to turn to some pragmatic aspects of compassionate leadership. Many of the colleagues on the Compassion Rounds today are under extreme pressure, whether that's at the front line of clinical care or whether that's leadership roles in public health. What would you say to those who say, "Well, compassion sounds great, and you can't argue with it conceptually, but practically I wouldn't go for that because there's too many things to tackle in the immediate." What would you say to that?

Monica Worline: I think that's how we got ourselves into this mess. That over-focus on technical expertise and technical excellence with the mindset that we have to choose between either that or care. That is a part of how we have sculpted organizations that come to embrace care, but not practice it. They practice technical excellence, and they talk about care. But this is not an either/or. Part of what we know how to do as leaders as we become more skilled in this area is to unlock resources for multiple parts of our agenda and to make them work together. So when I say that compassion is our strategic concern, it means that we cannot actually have innovation or quality of care in our organizations without having compassion—they have to be woven together. And we have to think of the social architectures of our organizations as doing the work of unlocking compassion, just as centrally as they're doing the work of surgery or anesthesiology or vaccination. This is compassionate leadership—it's not something separate from the rest of the work that leaders do.

Evan Harrel: What I want to add is that compassion is hard work. It requires courage. And the reason that we have gotten into this this mess, as Monica states, is because what compassion requires is speaking up about how we can be doing things better. But it's a challenge to take the courage to say, "Why are we adding this to our meeting every week when it's not really achieving anything." There's this conspiracy of silence, if you will, that we won't address these issues that are affecting us on an emotional level for fear of feeling weak, and yet everyone else is feeling the same thing.

So if one person, ideally, the leader, will speak up, it begins to ripple out. Everyone acknowledges all of the same challenges, and we can do as Laura said—lock arm in arm to begin to address it; feel like we're supporting each other, not undermining or competing with each other.

Monica Worline: One thing I find in teaching about this is that the rhetoric can get very lofty, and people have a hard time bringing it back to what it means in their daily life. To briefly give a concrete example, one thing I've been working on recently is a design process with one health system where we work with nurses and other caregivers. They told us the shift change was the worst moment of their day. We really took the effort to understand why that is and then helped them re-infuse a tiny bit more humanity and compassion for themselves and their colleagues into the way they engage in the shift change. By working with their routine for managing [patient] safety, and now managing it with compassion in mind—not doing the either/or—we were able to increase safety outcomes and at the same time dramatically increase caregiver quality of life measures.
Shams Syed: I’m going to come to another question that, for me, is really fundamental in order to redesign systems. Can compassionate leadership be taught and, if so, how can it be taught?

Monica Worline: Well, my answer is absolutely yes! And thank goodness that Laura and Evan are here to tell us how, because that’s exactly what they’re doing. But I want to make one tiny distinction in the question, if I could. The title of my book is “Awakening Compassion.” I’m not teaching anyone how to be compassionate. What we’re doing is awakening compassion that’s already available to humanity and is there as a resource that we have. We have designed organizations and institutions that kill it or suppress it or tell us it’s not relevant or not welcome. So part of what we’re learning when we’re learning to be compassionate leaders is to reawaken our own compassion—to understand that all those obstacles we have put up to block compassion can be removed. So it’s not exactly learning to be compassionate—it’s learning to reawaken and to design systems and organizations that can awaken compassion.

Shams Syed: Laura and Evan, I would like you to think about that question, but also layer upon it the conspiracy of silence that David mentioned previously. How would you go about building the capacity for compassion at different levels in the midst of a conspiracy of silence?

Laura Berland: Oh, it’s hard. But it can be done, as Monica said. It starts by simply noticing, and that can happen in a moment, in a second, in larger forms of attention on an organizational level... But in starting on the inner work, it can be as fundamental as shifting our attention from being swept away by all the difficulty of the day and not recognizing.

I really love that you used “reawakening,” Monica, because it’s about clearing away the stuff of modern life, modern organizations, modern stress, and modern technology that have enveloped us in this cycle of, frankly, insanity that we all live with. We just have to come back to that fundamental quiet place so that we have the ability to turn our attention to what matters. And what matters is this quality of love. Giving ourselves permission to do that is everything, and giving our organizations permission to do this is exactly what we can do.

Evan Harrel: I think that Monica’s point about reawakening is very important. When we consider it in the format of systems change, we have to recognize that is actually a bottom-up process. One person starting a meeting in a supportive way by sincerely asking someone how they’re doing today and then actively listening to the answer can have a revolutionary impact on the entire system. If you are able to simultaneously activate support from the top, factors like psychological safety, compassionate communications, and others can be implemented from the top down as well, but we shouldn’t ignore the power of everyday actions.

Shams Syed: That’s amazing and powerful. Looking at some of the questions in the chat box, one that seems to be coming through very clearly is how you instill or catalyze compassionate leadership in an organization that is not quite ready for it. How do you catalyze a compassionate revolution in those types of organizations?

Monica Worline: I spend my life talking about this, so I can barely hold myself back. Compassionate change is hard—true. And the idea that it’s easy is also true. We have to hold both of these together. So, if your organization really, really cares about quality of care, and you’re measuring that to death, then think about how compassion can infuse talk about quality of care.

One thing I know about our systems is that they measure everything to death. Look at what your organization is measuring and then add compassion language to that measure. This is not different from anything else you’re trying to do in your organization. Someone in the chat suggested we need translation here. Absolutely yes—and you are the translators, and that’s why we’re having a meeting like this! Take the ethos of this, take the social architecture ideas that
we’ve talked about in awakening compassionate workplaces, take the wisdom of people who are teaching compassionate leadership, like Evan and Laura, and translate it into the language of whatever your organization is measuring right now. It’s possible and necessary.

Evan Harrel: This is the most common question we hear. Monica, in her initial remarks, gave the answer to what you do when you’re in an organization where the people above you aren’t ready. First, you look upwards, and you notice what they’re doing. Secondly, you interpret it generously that they’re doing what they’re doing for a reason. There is an organizational goal they are seeking—they’re not doing it to be mean or to be a jerk; they are doing it because they think this is how they will reach their goal. Then begin to feel what they must be going through and recognize they have enormous pressure, as well. Finally, you can act by offering them creative solutions that will allow better results, better outcomes in a more compassionate environment. Effectively communicate those things without blaming, without shaming, without challenging them as a poor leader. Everyone would love to be more compassionate and have better outcomes at the same time. And that’s what you can have.

Shams Syed: Beautifully stated.

Monica Worline: I want to share a few words from a poem called “Kindness” by the poet Naomi Shahib Nye, but I want you to substitute the word “compassion” for “kindness” as I read it. The lines are:

Before you know kindness as the deepest thing inside,
you must know sorrow as the other deepest thing.
You must wake up with sorrow.
You must speak to it till your voice
catches the thread of all sorrows
and you see the size of the cloth.

That is when we start to speak to being with suffering. And then we start to be with all kinds of suffering. As Evan so beautifully said, we can try to build all kinds of walls, and because we’re in dialogue with suffering and it’s scary and it reveals our own weakness, fragility, and mortality, we will build those walls. Part of compassion toward ourselves is to say, “I’m scared by this. I’m overwhelmed by this. It’s too much. It’s too much for me as one. I need other people, I need a community.” We need to be held in love together to do this hard, beautiful, sometimes easy, work together.

Shams Syed: Thank you, Monica. Coming to the end of this panel discussion, I’d like to have one final thought from colleagues about the inner work of compassion cultivation and the outer work of organizational transformation. What is one of the big highlights that you want colleagues to take away on this topic?
Monica Worline: I think the pattern is to start with the technical and then go to the beautiful. If we go back to the process diagram I shared with you earlier, you'll notice I put a couple questions around the edges. And you can use this diagram as a way to look outward and understand how you can awaken more compassion in your organization by looking at how this process is working.

Laura Berland: This requires the desire and the discipline to notice, to pay attention, to practice, to move, and focus on where we want the attention and the energy to flow. That takes personal practice. It doesn’t happen overnight; it doesn’t happen over a year, or decades. It takes every moment of every day to pay attention so that we can move into these desired states. It also means that we move this inner work of practice and attention into an organizational setting so that we become communities and organizations of practice. Just like Monica said, we must support each other. Practice does not work alone. It works a little bit, but then you really need the community, the organization, the energy, and the intention of everyone to get us all to flourish and to love, which is where we want to be.

Shams Syed: Thank you Laura. Before we end this panel, I know that we have a key takeaway message slide we would like to go through.

Key Takeaways

- Leadership that awakens compassion activates the undeveloped capacity that lies fallow all around us.
- Leadership that awakens compassion removes obstacles and uplifts amplifiers of compassion.
- The application of compassion in leadership consists of a teachable, learnable set of principles & practices. These grow best in an ongoing community of practice.
- Compassionate leadership benefits the leader, everyone in their circle of influence, and the broader world.
- Leaders are everywhere.
Monica Worline: I think the key message I would leave you with is that if you’re here today, you’re right where you need to be. Allow this conversation to awaken in you a sense of caring about your fellow beings as an ennobling stance, and then allow that to let you reach out to others and to rest in their help. The work is inside out, but it’s also outside in. Sometimes we don’t learn really how to be compassionate leaders until we experience a community of other fellow travelers, and then that moves us into the inner work. So wherever you’re standing today, be embraced by this beautiful community, and make the best use of it that you possibly can.

Evan Harrel: I think all five of these takeaways are tremendous, but I would like to leave us with the final one. Leaders are everywhere. Leadership is about motivating others towards a shared goal. Global health has a clearly defined goal of relieving suffering and helping remove the causes of suffering. We can all contribute to moving towards that goal. We don’t have to be at the top of organizations, we can do it by noticing what can be changed, by noticing what other people need. It is all about our relationships, and we can take advantage of that each and every place we go. And the higher you are in the organization, the greater the opportunity and the greater the responsibility you have to be taking that focus and that intention to lead compassionately.

Shams Syed: Wonderful Evan, Laura, Monica. Thank you so much for sharing your wisdom.

Compassionate Leadership as a Patient Advocate

Manvir Victor, Chair, Patients for Patient Safety, Malaysia

What is your motivation for leading with compassion?

I had gone to the hospital, because I was not feeling well. After seeing a doctor in nephrology he had a quick look at my results and very matter of factly, no preambles or anything, he just said, “Your creatinine is very high. You have to be on dialysis. There is a machine over there; you have to start on Monday.” Needless to say, I was in total shock. He gets up and says, “My nurse will take care of you,” and then he got up and he left. So I went downstairs and called a friend of mine who was a doctor, and I said, “This guy just told me this. No explanation—only got up and left to go see somebody else. I have no idea what to do.”

My friend sent me to another doctor in another hospital, and this guy was the total opposite of the first doctor. In the second doctor’s office, he explained to me point by point what was happening in my body, why this was happening, and what are the next courses of treatment. So there was this vast difference between the first and second doctor.

I am thankful for him. Both of them went to university, both of them were experienced, both of them knew what they were doing, except one doctor had compassion and the other had none. But that second doctor is the reason I do what I do right now. I try to make every single person that I meet remember that’s the way you are supposed to be a doctor.

What is your approach for leading with compassion?

I think what we are trying to do with our organization is continuously approach people from a human point of view and just listen to the patient. The humanity and the story is rather important for us [as patient advocates] to tell the stories of real people having real situations and real suffering or real parts of joy. And I think that that is the important thing.

Leading with compassion as a patient.

After my [kidney] transplant, I had to go in and see my doctor every day for that first month. When I see the doctor after a couple of days, I get to know them. They come in, and I ask them, “Have you had your breakfast, have you had your lunch?” And if I hear that for two days in a row they haven’t eaten lunch, I’d buy them some donuts or something like that. I’d give it to them and say, “You should take a break! Have a cup of coffee or something.” Because they are in the public service they are so busy. And so many of us [patients] are there, and so many have a chronic issue. So just to humanize them doctors’ and then they realize that when we treat them differently, they start to treat us differently.
If I went in there shouting at my doctor, the doctor becomes defensive and starts telling the other doctors this patient is difficult. So we [as patient advocates] are trying to build them as friends so they take a personal interest in us.

**As a patient advocate, what are some strategies for developing a culture of compassion in health care?**

The important thing is going to them when they're young, which is in university. On a yearly basis, [Patients for Patient Safety] would talk to 4th and 5th year medical students at three or four of the medical universities here before they started their residency. We would bring to their attention why they chose to become a doctor in the first place. We tell human stories to understand that this patient is not just data, not just medication, not just stuff that you put in into them. So we bring the human aspect in our story. Each one of us [patient advocates] tell the students our story, we tell them who we are, where we studied, what our lives were like before we fell ill. We tell them this so that they realize we are just one of those people they will meet on a daily basis.

**What are some challenges you’ve encountered while leading with compassion?**

Oh we've had lots of hospital directors or hospital administrators who don't believe that patients have anything offer. They come from a very old school of thought, saying, "Listen, I went to med school for seven years, and I've been a doctor for 30 years—I've seen them all. All of you [patients] have one duty, which is to absolutely trust me the doctor. Do not question me, do not ask me anything else. I'm giving you this, take it, and leave."

We share the example of that second doctor I was talking about earlier, because when younger doctors hear this, they say, "I want to be like that. I don't want to be old and jaded and hate patients." Nobody who comes out of university wants to do that. It's just the environment they are in, where they are taught, where they are learning, whichever hospital they are at that they begin to hold that kind of attitude.

We just want to keep reminding them, "Hey! Be like the good doctor." I don't think everyone wants to be like the doctor in the TV program, *House*. He's brilliant, but nobody wants to be like that. Everyone wants to be a great doctor and have empathy. But this is not a TV show; it doesn't end in one hour. This is the entire day, and if we can help a few of them infuse their own group of peers, it will be a great thing.

**A Call to Action**

I would love for the WHO or some organization right at the top to release a statement saying that every single hospital in the world must have patient groups. You want to build a hospital? It's not only about plumbing or the number of beds. It needs to be patients.

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**The Practice of Compassionate Leadership**

Zerihun Tadesse, Ethiopia Country Representative, The Carter Center

**What inspires you on this path of compassionate leadership?**

The number one factor that motivates me is I really love my job, and I want to enjoy it for many more years. I have come to learn that much of my success for many years depended entirely on working harder rather than smarter, and I came to learn that you can only work harder so much. You cannot keep on working harder and harder, because
there is always a limit to how much you can work hard and how much you can excel. But when it comes to working smarter, even the sky may not be the limit as long as you keep working on self-development and continue working smarter. I found compassionate leadership as a gateway to working smarter, to excel, and to maintain my interest. If I work harder and harder, the risk of burnout would be very high, and there is no way for me to give compassion to others when I'm not taking care of myself.

The second motivation is that I want to be among the modern leaders. Unlike before, when the best leaders are known to be like dictators, my way or the highway, that is no longer the case. Even if I am from an earlier generation, I really want to belong to the modern leaders and the best way is to be a compassionate leader.

The third motivation is that I would like to maintain my followers and even add more, because if you don’t have followers, you are no longer a leader. In a one-to-one meeting with one of my coworkers, he told me the thing he appreciated most about me is that when a colleague loses a loved one, I always attend the funeral ceremonies. He said he was impressed that I go to many of the ceremonies with my spouse, who obviously is not a staff member. You see, little things make a lot of difference. It works very well if you first connect as human beings before you connect as coworkers, as fellow colleagues, so that tends to be my philosophy.

Maybe my background in psychiatry has helped me. So I listen, not only with my ears, but with all my senses, because when I dedicate time to somebody, it is a real dedication. I don't do multitasking. And that really speaks loud and clear how compassionate I am when I sit with my colleagues.

Can you share some examples of what you’ve done to exhibit and manifest compassion, as well as some of the challenges you’ve experienced?

One of my approaches is leading by example. I usually walk the talk, I not only talk the talk. I really do things to put a very good example to my colleagues. A simple example is that we have already kicked off what I call the "Leadership Growth and Development Team" at the Carter Center, which is comprised of 30 high-level and mid-level leaders (Leadership Team Members). We call in to a two- to three-day meeting every six months or so. This forum serves to lay the foundation of compassionate leadership at The Carter Center/Ethiopia, as we also have some time to connect on a personal level.

Another example is every six or eight months I have one-on-ones with my colleagues. This really opens a forum for heart-to-heart communication. Compassionate leadership is not something that comes from head, it is something that comes from the heart.

One more point is, I am known as being a very good listener. Maybe my background in psychiatry has helped me. So I listen, not only with my ears, but with all my senses, because when I dedicate time to somebody, it is a real dedication. I don’t do multitasking. And that really speaks loud and clear how compassionate I am when I sit with my colleagues.

Any additional thoughts on the theme of compassionate leadership?

When we want to take departure to compassionate leadership, I think it should start from the inside out. The most important challenges come from ourselves, because we are afraid that we might be looked at as a weak leader if we are compassionate. It’s not like something to be afraid of or to do overnight. It is a process. It is a muscular system we have to exercise on a daily basis.
DISCUSSION
Moderated by Shams Syed

Shams Syed: You put so much time, effort, and energy into being a compassionate leader. What you get back for your investment?

Zerihun Tadesse: The return is immense. Because when I invest a lot of my time—sometimes extra time—in my colleagues, I assure you, they take care of a project, and then a project takes care of itself. So at the end of the day, I empower my colleagues, and I have time to spare for self-development and to discharge my family and social responsibilities. The return is win-win: win for me, win for my colleagues, and win for my organization.

Monica Worline: As is so often the case, the social science research is just the exclamation point on the end of the human story. And the research reinforces this as well: that people who enact compassionate leadership feel immense returns and getting to be more of the leader they want to be. As they feel better enacting the leader they want to be, the people around them actually do higher quality, more productive work. So the research is the exclamation point on Zerihun’s beautiful story: that it’s a win, win, win spiral.

Laura Berland: I think what we’re hearing, and it’s so important, is that when you come into alignment with your deeper values with what really matters in life, with your love, with your purpose, with why you’re here—that when all of that starts resonating, that becomes the spiral of win, win, win.

Evan Harrel: I just want to say—and Monica expressed this earlier so clearly—we all have this innate ability for compassion, and the trick is to awaken it. And when we awaken it, we are coming into that alignment. So compassion really isn’t something to be learned. Compassion is something that’s forgotten, so once we’ve forgotten, all we have to do is reawaken it and remember.

Monica Worline: Yes, and I think the other important thing we should add to this conversation—because we can inadvertently feel David’s need to save the world at the expense of oneself narrative here—is that compassionate leadership requires building a circle of trust where you can share your brokenness, where you can say I don’t know what to do, or there’s something here I don’t know how to handle. A community where you can bring your pain and suffering as a leader to others who hold you, help you, advise you, comfort you. So compassionate leadership isn’t about having all the answers and becoming the superhero. Often the most courageous parts is saying, I have no idea what I’m doing, I feel lost, and I really need some help.

Shams Syed: I’d like to end by asking my colleagues here, what’s one takeaway that you’d give to all the compassion revolutionaries here with us on this Rounds to really take forward?

Zerihun Tadesse: My one important takeaway would be that compassionate leadership is a function of commitment and conscious practice. You really need to be committed, and you have to consciously practice it, not in a half-hearted way.

Monica Worline: I would like to say to the translators and the leaders and the people working to build more compassion: Wherever you sit, in whatever leadership chair you occupy, small moves matter. The smallest of actions that you might think make no difference at all ripple in unexpected ways. And when you’re feeling overwhelmed, challenged, and despairing, I hope you can come back to the idea that the smallest of moves matter.
Evan Harrel: I would like to build on what Monica said. What I would encourage you to use as a small move is awe. When we can recognize what an amazing gift we’ve been given in each breath, in each beat of our heart, it lifts us up and fuels our compassion. So recognize what an amazing existence we have.

Laura Berland: I can only add that this is the gift of being human—this is life. There’s no separation; there’s nothing other than this. Here we are. Let’s embrace it.

David Addiss: Here we are. We’re on a journey together exploring the deeply human interior of our own compassion and our own being. And we’re doing that in the context of global health, which is a massive effort to alleviate suffering. It’s an effort that is rooted in, grounded in, and fueled by compassion. So how do we bring this inner work together with the outer work of alleviating suffering on a global scale? That’s our challenge.

I thank you, panelists, for really inspiring us and giving us some practical examples of how to move forward the big steps, the little steps. Evan mentioned awe, and I’m awestruck by the wisdom and energy of the participants here today. I’m deeply grateful for all of you for being with us and for entering the space together.